Registration for Camps/Social Skills Groups

Child's Name:

Address:

Date of Birth:

Parent's Name:

Best Email:

Best Phone:

Diagnosis (if appropriate):

Referred by:

Signing up for camp_____

Credit card number:

Expiration Date:

CAMP/SOCIAL SKILLS GROUP CONSENT

CONSENT FOR CARE AND TREATMENT

I, the undersigned, do hereby agree and give my consent for Progressive Pediatric Therapy to furnish medical care and treatment to _____ considered necessary and proper in diagnosing or treating their physical condition.

Patient/Guardian: _____
Date:_____

FINANCIAL POLICY STATEMENT

I understand that I am responsible for the entire bill when the services are rendered. Upon completion of each treatment session, an itemized bill will be provided for submission to an insurance company. I understand and agree that if I fail to make any of the payments for which I am responsible in a timely manner, after such default and upon referral to a collection agency

or attorney by Progressive Pediatric Therapy, I will be responsible for all costs of collecting monies owed, including court costs, collection agency fees and attorney fees. All outstanding balances are due within thirty days unless prior arrangements have been made. All past due balances are assessed a finance charge in the amount of 2% per month after 60 days.

Patient or Responsible Party: _____

Date_____

CAMP/SOCIAL SKILLS GROUP STATEMENT

I understand that as a nature of Progressive Pediatric Therapy's summer camps and social skills groups that children could be both in the water and on land during group hours. Although fully supervised, there are inherent risks in these activities. Families will commit that no children shall participate if they have a fever or other COVID symptoms. Finally, families will allow camp therapists and staff to assist with bathroom needs of the child as they arise. For non-potty-trained participants, swim and regular diapers must be worn.

Responsible Party: _____ Date_____

Registration is on a first come, first served basis. Upon registration, a credit card will be collected. This will be charged for:
1. The full camp or group price if you don't show up or cancel within one week of the camps start.
2. Half of the camp or group price if you cancel within two weeks of the camp start.

Responsible Party: _____ Date: _____